

Linkage

Vol. 10, No. 1 and 2

Spring/Summer 2000

FROM THE OFFICE OF THE DIRECTOR Endless Opportunities

By Oscar Morgan



The Mental Hygiene
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The Maryland
Department of
Health and
Mental Hygiene

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Governor

Kathleen Kennedy
Townsend,
Lt. Governor

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*Secretary,
Department of Health
and Mental Hygiene*

The season of spring was an exciting time for the mental health community. April was National Youth Suicide Prevention Month, which offered the opportune time to promote greater emphasis on the importance of early identification. New initiatives and programming to expand and improve children and adolescent services continue to be the focal point of the Mental Hygiene Administration. Efforts have focused on improved mental health assessments and screenings of children and adolescents, particularly those affiliated with the Department of Juvenile Justice. Respite care was also highlighted as a growing need, thus, funds have been allocated to begin expansion of these services throughout the State. Additional programming for transition-age youth continues to be another area of focus. Encouragingly, Maryland's Youth Crisis Hotline was identified by the American Psychiatric Association as being instrumental in reducing the rate of youth suicides in our State. (See article on page 5 for details.)

The welcomed warmer temperatures also provided the opportunity for bringing the message, "Mental Health Matters," to local neighborhoods. During the

month of May, numerous activities were held to promote mental health awareness, including the Annual One-Mile Walk to highlight the importance of early intervention, and Maryland's Anti-Stigma Campaign. In addition, this year's Annual Mental Hygiene Administration Conference focused on issues of co-existing psychiatric disabilities and substance abuse. Co-sponsored by the Alcohol and Drug Abuse Administration, the conference proved to be a good opportunity for enhanced collaborations in refining policies and procedures to improve the coordination of services to meet the needs of individuals with co-occurring mental health and substance abuse disorders.

Throughout the season, the movement of individuals from State hospitals to the community also continued. Emphasizing the development of affordable housing options, Core Service Agencies continue to pursue various approaches. Encouraged by the latest preliminary results of the face-to-face consumer survey, Core Service Agencies and the Mental Hygiene Administration remain committed to meeting the individual needs of consumers, particularly in the area of creating housing owned by consumers, through the Home of Your Own Program.

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Endless Opportunities

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Most notably, the release of the Surgeon General's Report on Mental Health provides an opportunity to educate the citizens of Maryland about mental illness, which is a treatable illness. We join the Mental Health Association of Maryland, and the National Alliance for the Mentally Ill, the Maryland Coalition of Families, On Our Own, as well as other mental health advocacy groups and providers in applauding the Surgeon General's findings. Such findings help us to continue our goal of improving the continuum of services, and to diminish the stigma associated with mental illness.

The season of spring quickly moved into the hot and humid days of summer, bringing to a close another fiscal year. The end of one fiscal year and the beginning of another often seems overwhelming, particularly with the continued delicate balancing of systems needs with fiscal realities. Yet, the overall goal remains the same for us. The Mental Hygiene Administration views this time as an opportunity to enhance the lives of individuals with mental illness. With the year-round process of identifying service needs, launching new program initiatives to meet these needs, and monitoring the effectiveness of the overall system, the fiscal year concludes and begins with the reassurance that a collaborative process continues to guide the system. Any adjustments to Maryland's Public Mental Health System, both programmatically and fiscally, then and now remains consumer-focused.

As we move through the seasons — Summer, Fall, and on through to the end of the year — we look forward to continued collaborations in systems refinement, as well as increased opportunities to educate communities on the importance of mental health. ■

Update on Baltimore Partial Capitation Project

In early 1993, Baltimore Mental Health Systems (BMHS) established a planning group -- consisting of BMHS staff, mental health financing specialists, the State Medicaid agency -- to develop a specially designed mental health capitation demonstration project. The project has a single rate of payment which integrates State general funds and Medicaid dollars, has performance outcomes, and encourages flexible individualized services. The 300 clients have to be diagnosed with severe and persistent mental illness (who have been in a State hospital for more than six consecutive months, or have had either four general hospital psychiatric admissions and/or seven psychiatric emergency room services during the past two years) to be eligible to participate in the program.

The program was implemented in late 1993 with the selection of two mental health providers, the North Baltimore Center (Chesapeake Connections) and Johns Hopkins Bayview Medical Center (Creative Alternatives), to serve the mental health capitation providers.

Referrals come from psychiatric hospitals (State, private, and general hospitals' psychiatric units), and community providers are sent to BMHS, which serves as the gatekeeper for the program. Participation in the program is strictly voluntary and individuals may disenroll at any time.

An integral part of the quality improvement program has been the development of specific client outcomes. Each program is evaluated on an annual basis.

During the first five years of the project, the two capitation mental health providers enrolled 278 individuals. Enrollment will continue until the programs reach the 300-person capacity. One hundred and sixty-three of the individuals or 58% were referred directly from State hospitals and one hundred and fifteen individuals were community referrals. During the first five years of the project, 100% of the individuals acquired or had housing at the time of enrollment into the program. By the end of the fifth year almost 50% of the individuals had obtained independent housing with more than 90% of the individuals retaining their independent living situation. This is housing in which the program participant holds the lease and the programs provide intensive supportive services. For some individuals, this means daily visits from the programs. By the end of the fifth year over 60% of the individuals were involved in some type of competitive employment. This is almost double the programs' experience during the first year of the project. Both of the programs spend a great deal of time coordinating the medical care of the program participants. By the end of the fifth year, 100% of all enrollees are linked to somatic care, and a medical provider sees new admissions within the first month of enrollment.

The strength of the project has been the commitment of support to the consumers served by the two service providers, Creative

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Partial Capitation Project

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Alternatives and Chesapeake Connections. Many consumers served have succeeded in this project because the service providers maintained support, developed creative alternatives and options for housing, and continued to utilize natural supports in assisting consumers to become full participants in community life. This has meant moving individuals to new housing situations multiple times when the current home was not working out. Due to this continued commitment to support for individuals in housing of choice, many people are now living independently.

In addition, the program began serving the most challenging group of individuals, those with complex medical and psychiatric conditions. Many of these individuals with challenging behaviors had been rejected or discharged by traditional mental health providers. Several individuals served were diagnosed with life threatening fatal diseases. The programs accessed an array of medical care and hospice care to assure that the individuals served received optimum quality of life. Over the past several years BMHS hosts a picnic for the families, friends, and consumers served by the program. This has been a great opportunity for families to share their experiences with the program and for the program and BMHS to get feedback.

The best way to describe the success of the program is directly from program participants.

Bernard wrote:

"Creative Alternatives made me see more. I never thought I could make it on the street.

Creative Alternatives came to the hospital, and I thought I'd take a chance. So far I've been out here for three years. Staff stuck by me all the way. They really helped me get out of my rough spots. I never want to see inside another hospital again. Now I got my own place. I got my own key for my own door. I ride the bus — which I never thought I could do. I've even talked to other people in Washington, D.C. about our program. The biggest thing is that they gave me good advice during a really tough time. They gave me my start in life and helped me open my eyes to see. The doctors didn't think I'd make it, but Creative Alternatives said I would. They believed in me. Look where I am now. I've bus trained people, helped move people to new homes, taken people to get their labs done. Nobody every trusted me this much. They gave me something to believe."

Family members' comments tend to be very positive about the program and include the following statements:

"best program ever,"

"dedicated staff,"

"less burden on me,"

"staff take the time for one-on-one attention to client's problems,"

"my stress has been relieved," and

"most comprehensive program -- he has the right medication and they make sure he takes it."

Like the benefits, there are many challenges involved in operating this project. First, the consumers have exhibited a very high degree of serious physical illness. As a result, a greater effort is now spent in linking individuals to health care and assuring that care is received. Additional medical oversight is now in place at BMHS. Second, when greater flexibility and choice are encouraged, it is necessary to constantly balance and evaluate reasonable risk with intensive support, and prudent oversight. MHA and BMHS have worked collaboratively during the past five years to establish outcome criteria, monitoring procedures, and oversight to continually improve the quality of service of the project.

MHA contracts with BMHS to develop and implement this project. Currently, BMHS receives a capitated payment to manage all mental health services -- inpatient and outpatient -- including support services (housing, case management, vocational, etc.) needed for each individual. The system is then managed by BMHS through incentives based upon each program's successful outcomes. MHA is continuing to work with the State Medical Assistance Administration to access the federal fund participation in this project.

In this era of managing and rationing of care, BMHS' Baltimore Capitation Project is a specially designed mental health managed care alternative that has been successful in meeting the needs of individuals who have not been well served by the public mental health system. The model establishes an administrative, clinical, and fiscal framework, which we believe can be replicated by other sites. Both Washington, D.C. and Des Moines, Iowa have developed initiatives that are based on this project. ■

New AIDS Hotline

The Maryland State Department of Health and Mental Hygiene Administration announces the Kick-Off of the nation's first decentralized AIDS Hotline Service, the new Maryland AIDS Hotline.

This event will take place on August 1, 2000 at the Prince Georges County Hotline Center in Prince Georges County,

Maryland.

By calling

1-800-638-6252 for Marylanders who speak English or **1-800-553-3140** for those who speak Spanish, callers will receive toll-free confidential crisis assistance, prevention information and referral for HIV / AIDS. There are four community-based hotline centers which are a part of this service: Frederick County Hotline, Grassroots Crisis Center (Columbia, MD), Life Crisis Center (Eastern Shore), and the Prince Georges County Hotline. Because this service is decentralized, when calling the 1-800 numbers, the caller will receive assistance from the hotline center nearest to the location where the call originates in Maryland. This project is the result of a collaboration between the State's Mental Hygiene Administration and AIDS Administration. The August Kick-Off will also celebrate the 10th anniversary of the Maryland Youth Crisis Hotline. For more information call 410-767-5650. ■

MHA's new Web Site can be found at
www.dhmh.state.md.us/mha.



Mental Health Month Kick-off and Annual One-Mile Walk at Market Place with Frances Hughes Glendening leading the walk (right), and (below) a Senatorial Proclamation presented to Oscar Morgan (left) and Frances Hughes Glendening (center) by Senator Clarence Mitchell IV (right).



Springfield Hospital Center presented the *Senior Showcase* during Mental Health Month -- a walk down memory lane with song and dance (below).

Mental Health Month Highlights

Springfield Hospital Center's "Walk for Your Mental Health" (below).



RICA Rockville's *Graduation 2000* with representatives from the Department of Health and Mental Hygiene and the Department of Education (above).

Congratulations to ...

Betty Cox, COTA/L, ROH, AP of Springfield Hospital Center who has joined the Board of Directors for the National Board for Certification in Occupational Therapy. Ms. Cox will serve a three-year term on the Board.

William Landis on his recent appointment as the Superintendent of Spring Grove Hospital Center.

Dr. David McDuff, Springfield Hospital Center's Clinical Director, who was the recipient of the NCADD-MD Patricia McIntyre M.D. Outstanding Physician Award, presented to him on April 13, 2000.

Spring Grove Hospital Center for their award in recognition of their *Quick Chill Team*, which was bestowed upon them at the 1999 Governor's Annual Awards & Employee Recognition Conference.

Damion Briggs on his appointment as the new President of Maryland Health Partners. ■

The DHMH videotape, *Broken Boundaries: Sexual Exploitation in the Client-Professional Relationship*, used in the Mental Hygiene Administration's Boundary Awareness Training, was recently reviewed in the *Journal of Sex Education and Therapy* (VOL. 24, No. 4). According to the review: "There are many messages contained in *Broken Boundaries* that are worth exploring in the context of public education and professional training." The review also said: "It would be well utilized within any educational program seeking to educate professional helpers about the effects of sexual exploitation upon these who have been so exploited." As a result of this review, requests for copies have been received from professional schools and organizations throughout the USA and Switzerland. Copies of *Broken Boundaries* can be obtained for use by professional trainers by contacting Linda Schools, Mental Hygiene Administration at (410) 767- 6612. ■

MARK YOUR CALENDARS!

October 5, 2000

National Depression Screening Day and the Third Annual DHMH Talent/Gong Show will be held at 201 W. Preston Street, Lobby Level.

Senior Outreach Program Launched

Way Station, Inc. (Frederick County) recently announced the establishment of a new Senior Outreach Program providing in-home and community support to older adults. The program responds to the growing need of senior citizens who are experiencing the challenges of independent living, such as confusion, memory loss, depression or other symptoms that impact a person's daily life. For more information and a free assessment call Way Station, Inc., Enrollment Department, at 310-662-0099 ext. 2695. ■

Maryland Program Leader in Reducing Youth Suicide Rate

In the *Psychiatric News*, Volume XXXV, No. 8, of April 21, 2000, an article by Jim Rosack highlighted the success of *Maryland's Youth Crisis Hotline*. The Hotline is overseen by Henry Westray, the Mental Hygiene Administration's State-wide Coordinator of Youth Suicide Prevention. The vision to reduce Maryland's youth suicides began about twelve years ago with the implementation of an early intervention program, which provides access to skilled counselors anywhere in the State. The vision became a reality through the dedication and commitment of so many individuals and organizations that work closely with Mr. Westray. The community-based network, whose members include representatives from the Departments of Education, Human Resources, and a host of local agencies, is saving lives with Maryland's Youth Crisis Hotline -- 1-800-422-0009.

Recent national comparative data shows the rate of suicide in Maryland's youth population -- ages 15 to 24 -- decreased from 1989 to 1998 more than in any other state, down 24.37 percent as compared to 11 percent nationally.

The Mental Hygiene Administration salutes the dedicated staff and volunteers associated with this program. For more information on Maryland's Youth Crisis Hotline, you may call Mr. Westray at (410) 767-5650. ■

Respite Care for Parents and Caregivers

By Tom Merrick

The Mental Hygiene Administration (MHA) has launched a multi-year initiative to develop quality respite care for the parents and caregivers of children with psychiatric disorders. Respite care is a relatively new service array of regulated programs (COMAR 10.21.27) offered by MHA, which is designed to provide a temporary relief for the young person's caregiver from the often rigorous and stressful routine of caring for the child at home. The initiative was crafted in concert with the newly formed Maryland Coalition of Families for Children's Mental Health, an organization that will continue to play a central role in the training, monitoring, and evaluation of the projects. Seven projects offering services in 15 counties of Maryland had been selected (Baltimore Mental Health

Systems, Mental Health Management Agency of Frederick, Mountain Top Mental Health Associates, Core Service Agency of Harford County, Mid-Shore Mental Health Systems, Montgomery County Department of Health and Human Services, and Worcester County Core Service Agency). Successful applicants responded to program priorities, which emphasized collaboration with families, intensive training for providers, which involve families in the training, regional models serving multiple jurisdictions, which integrate interagency partners and provider agencies, and the connection of respite with other types of caregiver supports, such as support and information sharing groups. All projects will be the subject of an in-depth knowledge development process to learn how best to deliver and expand respite care services in the future. The respite care offered to families in this initiative will enhance a child being able to stay in his or her home by providing short breaks for parents, such as an evening, a partial day, or a weekend. Respite care is not

viewed as a crisis placement, but rather a way of avoiding the build up of pressures that might lead to a family's crisis. The service can be provided directly in the home of the family, whose parents then will be free to leave the home for an activity. On the other hand, the respite provider can take the child out of the home to do some activity. All of the projects will be providing this type of home-based respite. In addition, programs can provide respite care in a licensed home or facility, such as a specially trained respite care home with parents from another family or in a group home facility. Several of the pilot sites will be providing both home-based and out-of-home respite care. ■

Cultural Fest 2000

Thanks to your interest and support, the Mental Hygiene Administration's second **Annual Cultural Fest** held March 17th entitled, "*Cultural Art Expression: Healing for the Mind, Body, and Soul*" was again a tremendous success. ■

Note from Editor: Deadline for submission of articles for next issue of *Linkage* is **August 23, 2000**.

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